



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

\$10 FEE w/APP.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Ann Krakowka Hoyt Home Tel: (509) 763 - 3423
Mailing Address 16181 North Shore Drive, Work Tel: (N/A) -
City Leavenworth State WA Zip +4 98826 + 9564 FAX: (-) -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: () -
Mailing Address _____ Work Tel: () -
City _____ State _____ Zip +4 _____ + _____ FAX: () -
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 10 gallons per minute ☒ gallons per minute or
☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the
purpose(s) of domestic supply for single family residence*. Attach a "legal"
description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

* Includes incidental irrigation around residence.

Estimate a maximum annual quantity to be used in acre-feet per year: 13.44 Acre Feet Per Year.

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:
From ____/____/____ to ____/____/____

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>Lake Wenatchee</u> Number of diversions: <u>One</u>	A permit is desired for _____ well(s).
Source flows into (name of body of water): <u>Lake Wenatchee flows into the Wenatchee River.</u>	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: North 300 ft, East 1700 ft to NE Corner of Section 19. T27N, R17E.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	NE	19	T27N	R17EWM	Chelan	6	1	Klakin Park

For Ecology Use Date Received: _____ Priority Date: _____
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete _____ By _____ Date Returned _____ By _____ WRIA: 45

Section 5. GENERAL WATER SYSTEM INFORMATION

N/A

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION*(Completed for all domestic/public supply uses.)*

- A. Number of "connections" requested: One Type of connection Single family home
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION

N/A

(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. From Leavenworth, Washington, drive west on U.S. Highway 2 to Coles Corner and the junction of U.S. Highway 2 and State Highway 207. Turn North on State Highway 207, cross the Wenatchee River and bear left on the Lake Wenatchee Highway. Continue to North Shore Drive which will be on the left. Turn left on North Shore Drive, pass the entrance to the YMCA Camp and continue approximately one mile to 16181 North Shore Drive. Turn left, drive through the carport and down the driveway to the residence.

Section 10. REQUIRED MAP

A. Attach a map of the project. **(See instructions.)**

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

Applicant owns 100 front feet of shoreline.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Ann K. Hoyt
Applicant (or authorized representative)

Date June 26, 1998

Landowner for place of use (if same as applicant, write "same")

Date _____

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):		
_____ Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: 		
Please provide the additional information requested above and return your application by _____ _____ (date).		

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).